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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Remoclean pour	t Group. LLC	
	Name of Lin	nited LiabilityCompany	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rong R	Arraga Month)
	-	Name of Ferson	
	<u>Rémodea</u>	an paint Grup, Ll	<u> </u>
	15631 U	Villow Arbor Cir	
	Orlam	City/State and Zip Code	
		•	
	Pl mo clea E-mail address; (an pain tagnail	ication)
For further information co	oncerning this matter, please c	•	
Rony Fx) Arrasa Monit	b at (<u>407</u>) <u>3340</u>	673
*ame of	f Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for th	ne following amount:		
容 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailina Addres		Stroot Address	

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Kempelean	paint Group;	36 C. 1 8: 58
(<u>Name of the Limited Lia</u> (A Flor	pility Company as it now appears on rida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number <u>L200002379</u>	V Company were filed on 08	3/06/2v20 and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "L	limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADd	DRESS)	
		···
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or register agent and/or the new registered office address here		rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
		, Florida Zip Code
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address 1820 A 25 A 8: 58	Type of Action
MGR	Luisannys Alexandra Gonzalez Martinez		□Add
	Goritalet Martinet		□Remove
			X iChange
			□Add
			Remove
			□ Change
			□Add
			□Remove
			□Change
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			□Change

Please	Amending the	midle name for	
Luisanny	S Alexandra Go	ntalet Marinet.	because
appears Luisanni	Lvisannys" L",	midle name for ntalet Martinet, and the comec	is
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n effective date is listed, the date ote: If the date inserted in the	•	(option objection) date of filing or more than 90 days after filing requirements, this objective statutory filing requirements.	ling.) Pursuant to 605.02
is filed.		ne, at 12:01 a.m. on the earlier of: (b)	
led August	24 . 2020	_ · ized representative of a member	
	Signature of a member or author	ized representative of a member	
	g ,	1	